

NCNMEDD Non-Metro Area Agency on Aging
State Funded Senior Employment Program

PARTICIPANT PHYSICAL EXAM/WAIVER FORM

Date: _____

To: Host Agency Staff and NCNMEDD-NMAAA SEP Staff

From: _____
Enrollee's Name

Subject: Physical Exam\Waiver

DO YOU HAVE AFFORDABLE HEALTH INSURANCE?

Because you are financially eligible for SCSEP, you are probably also eligible for Centennial Care, New Mexico's free health insurance available to low-income residents. Even if you already have Medicare because you are over 65 years old, Centennial Care can add more services and cover some of the costs of Medicare. If you are not signed up for Centennial Care, call the Aging and Disability Resource Center at 1-800-432-2080 and ask for information about Centennial Care.

I understand that as a benefit of the Senior Employment Program I am offered a routine physical exam each fiscal year. If I accept this offer, then the Host Agency will pay \$75.00 towards the cost of the physical. Check either 1 or 2:

1. _____ I wish to take advantage of this benefit. OR
2. _____ I have decided to waive my right to this benefit for the following reason (check either a, b, or c):
 - a. _____ I had my annual physical exam recently and do not feel I need one at this time.
 - b. _____ I see my personal physician on a regular basis for other reasons and do not feel I need one at this time.
 - c. _____ Other (Please specify)_____

Thank you.

Signature of Enrollee

Date